



State of Idaho

Ben Ysursa
Secretary of State

LOBBYIST ANNUAL REPORT FORM

To Be Filed By:

L-2 LOBBYISTS
(Sec. 67-6619)Page 00 of 00 Page(s)
THIS SPACE FOR OFFICE USE ONLY06 JAN 31 PM 5:00
SECRETARY OF STATE
STATE OF IDAHO(Type or print clearly in black ink)
See instructions at bottom of page

Lobbyist's name and permanent business address	Date prepared	Period covered
Pedro Villegas Sempra Energy 101 Ash Street, HQ8B San Diego, CA 92101	January 19, 2006	<input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 2005

Item 1	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 151.33	\$	\$	\$	\$
Food and Refreshment	63.38				
Living Accommodations					
Advertising					
Travel	121.95				
Telephone					
Other Expenses or Services					
Total	\$ 336.66	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.


Item 2	The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.			
Date	Place	Amount	Names of Legislators & Public Officials in Group	

☐ Continued on attached page(s)

INSTRUCTIONS		Item 3	Employer(s) Name(s) and Address(es)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code. Filing deadline: Annual report is due on January 31st. TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282		No.1	Sempra Energy 101 Ash Street, HQ8B San Diego, CA 92101
		No.2	
		No.3	
		No.4	

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited

Item 5	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.		LEGISLATIVE SUBJECT IDENTIFICATION	
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	Code Subject	Code Subject
			01 Agriculture, horticulture, farming, and livestock	17 Health service, medicine, drugs and controlled substances, health insurance, hospitals
			02 Amusements, games, athletics and sports	18 Higher education
			03 Banking, finance, credit and investments	19 Housing, construction, codes
			04 Children, minors, youth, senior citizens	20 Insurance (excluding health insurance)
			05 Church and religion	21 Labor, salaries and wages, collective bargaining
			06 Consumer affairs	22 Law enforcement, courts, judges, crimes, prisons
			07 Ecology, environment, pollution, conservation, zoning, land and water use	23 License, permits
			08 Education	24 Liquor
			09 Elections, campaigns, voting, political parties	25 Manufacturing, distribution and services
			10 Equal rights, civil rights, minority affairs	26 Natural resources, forest and forest products, fisheries, mining and mining products
			11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds	27 Public lands, parks, recreation
			12 Government, county	28 Social insurance, unemployment insurance, public assistance, workmen's compensation
			13 Government, federal	29 Transportation, highways, streets and roads
			14 Government, municipal	30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas
			15 Government, special districts	31 Other (please specify) _____
			16 Government, state	


 Lobbyist signature

01-19-2006
 Date

Employer No. 1 signature

Date

Employer No. 2 signature

Date

Employer No. 3 signature

Date

Employer No. 4 signature

Date

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.